shows that their season lasts from the middle of March to the end of November. Many observers [5] on this point advise the return of the patient to his former occupation, provided this is not a definitely harmful one. They believe that the attention should be paid to the time the patient is not at work; the necessity of getting to bed early; obtaining as much rest during the day as possible; plenty of good food, etc. There are other types of work which might be mentioned but I will not go into detail on this subject.

So, the well rounded complete institutional care should include, the finding of the early cases, bringing them together in the local hospitals where their condition may be so studied that those with favorable outlook shall receive the most intensive treatment, and finally finding positions for the discharged healed cases.

Finally let me state the approximate number of beds,[6] public and private, that a few states had for tuberculosis patients in 1913:

State	Free beds	Charge beds	Total	Population [7] 1910	1913
Washington	260	32	292	1,141,990	1,344,686
Wisconsin	144	250	394	2,333,860	2,419,898
Minnesota	258	298	556	2,075,708	2,181,077
Connecticut	900	50	950	1,114,756	1,181,793
New Jersey.....	581	385	966	2,537,167	2,749,486
California	641	620	1261	2,377,549	2,667,516
Massachusetts ..	1611	1136	2747	3,366,416	3,548,705
New York.....	6579	1804	8383	9,113,614	9,712,954

Let us hope that the future for California in this great work will be the development of public opinion, which in turn will result in such legislation that our incipient and advanced cases will receive the adequate institutional care that we must have to save future generations from tuberculosis.

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COURSE OF FRESH SYPHILIS AS TREATED BY THE NEWER REMEDIES.

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Salvarsan and neosalvarsan, the only two newer antisyphilitic remedies to be seriously considered, have modified the course of fresh syphilis in so far as it is always possible to shorten considerably the duration of the primary and secondary manifestations of the disease. The great advantage to be able to reduce the time of actual suffering, eventual disfigurement and chiefly of the disastrous period of high contagiousness, however, is in a great number of cases partly offset by the unfortunate circumstance that an easily obtained initial success inspires most patients and—sorry to state—also many physicians with a false sense of security.

Upon a leaflet of instructions for patients afflicted with syphilis, which I had printed shortly before the first publications about salvarsan, there appeared a paragraph saying: "Proper treatment, extended over a long period, and never less than three years, is the only safeguard."

After having taken respectful, though skeptical, notice of the first enthusiastic German reports, and principally after the first personal experiences with salvarsan, I began to hope that the period of the necessary "proper treatment" could be considerably shortened, and my advice of "never less than three years" modified.

But so soon as at the forty-second Annual Meeting of the California State Society, Del Monte, April, 1912, I was able to report that: "Salvarsan alone may be able to cure syphilis; it does it, however, in exceptional cases only, and even in those we very seldom can be sure of it."

The newer remedies following so closely the discovery of the spirocheta pallida and the Wassermann reaction have taught us amongst other things that: "watchful waiting" in fresh syphilis is a crime, and further that when we are called upon to give a prognosis we must divide our patients in two classes: those that will follow proper instructions, and those who either will not follow proper instructions or are following improper instructions.

In the pre-salvarsan period just as well as since, I personally have never seen a case of central-nervous syphilis in any of the patients in the first class; many in the second.

Forty-three years ago Bäumler pointed out the danger from a too early cessation of the treatment of syphilis, and argued that "the virus may be proliferated anew in some remaining local deposit, and again infect the fluids." And to-day, after all that we know of syphilis so many patients are still told by their physicians that what they need is *"an"* injection of 606. Were it not for the dire consequences it would be laughable.

The syphilitic patient is entitled to the full truth like any other patient, and must know that safety lies in energetic treatment with salvarsan, neosalvarsan, and last but not least with mercury until all symptoms have disappeared and a constantly negative Wassermann reaction is obtained. Even after this result is gained, careful watching must not be neglected.

The manifestations of fresh syphilis as treated by the newer remedies alone are shortened by energetic treatment, but when either the newer remedies, the old ones, or even the combined treatment are used spasmodically and insufficiently, the symptoms may at first be influenced brilliantly, but late secondary, early tertiary symptoms and brain syphilis are of too frequent occurrence to be looked upon as accidental.